STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910784	**01/30/2019**
NAME OF PROVIDER OR SUPPLIER **ST MARK VILLAGE**	STREET ADDRESS, CITY, STATE, ZIP CODE **2655 NEBRASKA AVENUE** **PALM HARBOR, FL 34684**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

Assisted Living Facility

An initial Limited Nursing Services (LNS) licensure survey was conducted on 1/30/19.

The St Mark Village, Assisted Living Facility /License #5340, had no deficiencies at the time of this visit.